

PPE Expected Practice During the COVID-19 Pandemic QI Medical Shelters, Housing for Health Facilities

Date: February 3, 2021

Background:

To provide workforce members (WFM) with guidance regarding appropriate protections to avoid exposure to SARS-CoV-2 by using gowns, gloves, face shields or goggles, and appropriate respiratory protections.

Purpose:

This update removes cloth mask use in DHS facilities. Medical face mask provided by DHS will provide a higher level of protection and will be expanded to include all WFM. If your job duty requires use of respirator for higher level of respiratory protection (for those duties outside of patient care not addressed in this document), you should continue to follow the respiratory protection plan as outlined in this document.

Universal source control continues to be a priority by masking of patients and WFM in DHS facilities. Face masks (Appendix C) can prevent transmission from person-to-person which helps prevent asymptomatic or pre-symptomatic transmission. Any patient admitted should wear a face mask whenever feasible. **This is especially true whenever a client is out of their room or being evaluated and/or treated by healthcare providers. Children under the age of 2 years should not wear masks. For young children who may not always be cooperative with masking, or patients refusing masks, please see the Masking of DHS Inpatients for further guidance.**

The reduction of risk of transmission of SARS-CoV-2 to our workforce members is contingent on 1) appropriate and 2) consistent use of PPE in all settings within the facility.

CDC and Los Angeles County Department of Public Health recommend the use of face shields or goggles for HCWs in direct patient care. Face shields and goggles should be reused as described in Appendix B unless they become damaged or it becomes difficult to see through the plastic, after multiple reuses.

Definitions:

HCW- Healthcare Worker

PUI – Person Under Investigation with symptoms of possible SARS-CoV-2 infection SARS-CoV-2 – the virus causing COVID-19 disease

Face mask – Procedural ear loop or tie surgical masks can be used (see Appendix C for more details)

WFM – Workforce Member

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Requirements:

Employees must:

- Perform proper hand hygiene, before and after entering the patient care environment.
- Continue to wear face masks, N95 respirator or equivalent as outlined below.

Employees are **NOT** permitted to:

- Wear cloth masks in DHS facilities
- Double mask over any N95 respirator, as this may damage the respirator or break the seal leading to increased risk for the HCW wearing N95
 - Instead a face shield should be worn to protect the N95
- Bring their own PPE to be used in patient care areas or for direct patient care.
 - All PPE requires review and approval from the facility environmental health and safety office in coordination with IPC and/or facility administrator.



N95 Respirator must be used with airborne precautions:

N95 respirators are required when performing procedures that aerosolize (Aerosol Generating Procedures, or AGP) who are COVID-19 positive or are PUIs (and is available on request for any AGP), including:

- Nasopharyngeal swab/COVID sample collection for SARS-CoV-2 testing
- Nebulized treatment
- CPR

The following table indicates when masks, respirators, and other PPE are recommended. Please consult your facility's Department of Infection Prevention and Control policies for further guidance.

N95s will be distributed by the Infection Control Coordinator and located in areas where they are used (e.g., donning/doffing room). Each site will be adequately supplied.

<u>Personal Protective Equipment</u>	<u>Green Zone (Non-COVID Area)</u>	<u>Yellow Zone (Quarantine)</u>	<u>Red Zone (Isolation)</u>
	Surgical masks or N95 respirators may be worn.	N95 respirators should be worn for duration of the shift and doffed when contaminated. Do not re-use.	
	Goggles/face shields for care within 6 feet of resident.		Goggles/face shields worn for duration of shift
	Gowns should be used when needed. No extended use or re-use.	Gowns should be worn and changed between residents. No extended use or re-use.	Shortage: gowns may be worn with multiple residents in this area only. Otherwise, worn and changed between residents.

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<http://publichealth.lacounty.gov/acd/docs/CCFGuidance.pdf>

Guidance for PPE for Workforce Members

****Per DHS Policy “Expanded Use of N95 Respiratory in Certain Clinical Circumstance” March 27, 2020 WFM will be supplied with an N95 respirator upon request****

Clinical Scenario	Mask Type to Use	Reuse or Extended Use	Other PPE
Any NP or OP sample collection for SARS-CoV-2 testing or respiratory viral testing (symptomatic or asymptomatic)	N95	Yes ¹	Gown, Gloves, Face shield ⁴ or goggles ⁴
Anterior Nares - Patient self-collected swab	Face mask	No	>6ft none < 6ft Face shield ⁴ or goggles ⁴
Aerosol-generating Procedures as detailed above in COVID-19 positive patient or PUI *Neg pressure room when possible	N95	No	Gown, Gloves, Face shield ⁴ or goggles ⁴
Airborne Precautions for non- COVID-related infections (Measles, TB, etc.)	N95	Yes ¹	Face shield ⁴ or goggles ⁴ As dictated by underlying conditions
Assessment of patients and/or administration of medications in yellow or red zones	N95	Yes ³	< 6ft Gown, Gloves, Face shield ⁴ or goggles ⁴
Evaluation outdoors - PUI/COVID positive	Face mask	Yes ²	Keep 6 feet away from patient - If less than 6 feet use PPE as below for in room Evaluation

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Evaluation in room - PUI/COVID positive	N95	No	Gown, Gloves, Face shield ⁴ or goggles ⁴
Evaluation in room - not PUI/COVID negative	Face mask	Yes ²	Face shield ⁴ or goggles ⁴ As dictated by underlying conditions
Clinical Scenario	Mask Type to Use	Reuse or Extended Use	Other PPE
L&D triage if > 6 ft (patient and visitors should also be masked)	Face mask	Yes ²	None
L&D triage if ≤6 ft and no symptoms and evaluating prior to screening test for SARS-CoV-2 being negative	Face mask	Yes ²	Face, shield or goggles ⁴
L&D triage screen positive for fever and cough, or unexplained fever and direct patient contact with <6 feet	N95	No	Gown, Gloves, Face shield or goggles ⁴
Nonclinical workforce member in clinical areas with direct patient interactions (e.g. registration, patient financial services, environmental services, clerical) outside of above	Face mask**	Yes ²	If working within 6 feet and no other barrier then may use face shield or goggles ⁴ As dictated by job duties in clinical areas
Vaginal delivery - PUI/COVID Positive	N95	No	Gown, Gloves, Face shield or goggles ⁴
Vaginal delivery – PUI/COVID Negative	Face mask	No	Gown, Gloves, Face shield or goggles ⁴
Workforce members who are <u>not performing patient care or interacting with patients</u> (e.g. staff working in a call center, HR, Administration, etc.)	Face Mask	Yes ²	None

**N95 available to any HCW who requests it

¹Reuse of N95 respirator as per Reuse Policy and briefly listed below in [Appendix D](#)

²May extend use for duration of shift if not soiled/damaged and patient not in contact isolation

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³May use for duration of time in the unit, then discarded

⁴Reuse of Face shield or goggles per policy (Appendix B)

⁵Once removed from isolation patients should be treated with standard precautions

Appendix B: Face Shield (FS) and Goggle (G) reuse

Policy:

1. FS/G can be reused by the SAME HCW over an entire shift
2. If foam strip, should not be reused between different HCWs
3. FS/G should be typically disinfected with an alcohol wipe (or purple top wipe if alcohol wipe not available) after each patient encounter (see below for procedure)
 - a. Disinfection is mandatory after contact with a PUI or known COVID-19 (+) patient.
 - b. In all instances, if a gross splash or contamination occurs, the FS/G must be discarded as per Standard Precautions
4. FS/G are not to be taken home, ever
5. After disinfection at end of shift, FS/G should be placed in a secure area
6. FS/G can be used for as long as staff believe it is still functional and intact.
7. After several uses if the FS/G visual integrity declines it can be discarded.

Disinfection procedure:

1. While in the room, doff gloves
2. Doff FS/G and put on tray or next to sink for later disinfection
 - a. In some locations physical constraints may require this process to be done outside of the room, please follow local guidance
3. Doff gown and Perform hand hygiene
4. Don gloves (in preparation to disinfect FS/G)
5. Thoroughly wipe down FS/G with alcohol wipes
 - a. Must be 70% or greater
 - b. Alternatives can use purple top, however, due to limited supply only use when necessary
6. Doff gloves and allow FS/GF to slip onto forearm via the strap
7. Perform hand hygiene and leave room
8. Doff mask
9. Thoroughly disinfect FS/G with an alcohol wipe after leaving the patient care environment or entering the PPE room.
 - a. This is not a disinfection step, but done to maintain the integrity of the equipment and prolong its useable life



ACCEPTABLE

NOT ACCEPTABLE

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Full and 3/4
Face Shield



Goggles
– forms a seal



NASCAR-type glasses and
splash guards are **NOT**
acceptable

Appendix C: Face mask versus surgical mask

- While we commonly refer to any non-respirator mask as a surgical mask, there is a difference between them
- A true surgical mask is fluid-resistant and is to be worn by the WFM during a surgical procedure to protect against body fluids such as blood. These surgical masks are manufactured as tie-back masks. Any ear loop mask used is not necessarily a true surgical mask
- The ear loop masks commonly used in clinical settings apart from surgery are the correct masks to wear and are referred to above as face masks. These masks are key in universal source control, as the person that is wearing the mask is protecting the person in front of them by containing the droplets within the mask
- There may be concern regarding labeling on the boxes of masks received from central supply when they read “Non-medical/Non-surgical” mask. This is because the FDA cannot allow a manufacturer to place surgical mask on the box unless it meets the fluid-resistant standard of a true surgical mask as described above. These masks should not be worn during surgery, but can be worn for universal source control, which is the goal of masking
- All masks delivered from central supply have been vetted by DHS IPC.
- A WFM as indicated may use a face mask until it is visibly soiled, wet, or the integrity has been compromised or the end of their shift whichever comes first.

Appendix D: N95 Respirator reuse policy

- Continue the reuse policy as documented in COVID-19 Respiratory Protections document as summarized here for non COVID-19 positive or PUI patients. When N95s are reused, the HCP must:
 - Inspect N95 for damage and integrity, do not use if impaired.
 - Follow the manufacturer’s user instructions, including conducting a user seal check prior to every use.
 - Re-don up to five times in a single shift, then must discard in trash or decontamination.

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- Store used N95 in a breathable bag(brown paper bag) or container labeled clearly
- Reuse is to be used by a single wearer only